

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016276

1. Entity Name

ESTERO GOLF RESORT, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

24860 Burnt Pine Dr.

3. Mailing Address

24860 Burnt Pine Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bonita Springs FL

City & State
Bonita Springs FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
34134

Country
USA

Zip
34134

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARLICK, THOMAS B.
8889 Pelican Bay Blvd. Ste 300
Naples, FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME Davis, Paula J.
STREET ADDRESS 24860 Burnt Pine Dr.
CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE M
NAME Frasco, John W.
STREET ADDRESS 24860 Burnt Pine Dr.
CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
01 APR 27 AM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)